

**Payment Request Document - Input Form****The Commonwealth of Massachusetts****PRC OCD PVOCD 3220 6 \_ \_ \_ \_ \_ 0000****ACTION: N or M | Department of Housing and Community Development**

<i>HEADER</i>	<i>VENDOR</i>	<i>Vendor Name and Address</i>
Document Name: Record Date: Budget FY: 2006 Fiscal Year: 2006 Period: Doc. Description:	Vendor Cust.# <u>VC 6000</u> _ _ _ _ _	
Doc Total: _____ <b>Disbursement Options</b> Sched. Paymnt Date: Single Payment:                      Handling Code:	Vendor's Certification: I certify that the goods were shipped or the service rendered as set forth below.  <b>X</b> _____ (Please sign in ink)	

<i>COMMODITY</i>	<i>ACCOUNTING</i>	<i>FUND ACCOUNTING</i>
Commodity Code: 841015010000	Event Type: AP01	Fund: 0100
Line Type:	Budget FY: 2006	Sub Fund: 0000
Contract Amount:	Fiscal Year: 2006	Department: OCD
Service From:	Period:	Unit: 3220
Service To:	Line/Check Description:	Approp Unit #: 70043037
<b>Reference</b> Comm. Ref. Code: CT Comm. Ref. Dept.: OCD Comm. Ref. ID <u>SC OCD 3220 6640</u> _ _ _ _ _ <u>0000</u>		Object: P01
	<b>Line Amount</b>	<b>Detail Accounting</b>
	\$	Program: F43037
<b>Invoice Information</b> Ref. Type Partial  Vendor Invoice # : Vendor Invoice Line : 1 Vendor Invoice Date:	Ref Acct. Line _____	Program Period: 2006
	Ref Type: Partial	

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify under the penalties of perjury that all laws of the Commonwealth of Massachusetts governing disbursements of public funds and the regulations thereof have been complied with and observed.

Prepared by: \_\_\_\_\_ Title Fiscal Representative/Monitor Date \_\_\_\_\_Approved by: \_\_\_\_\_ Title DCS Finance Director Date \_\_\_\_\_

Entered by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



PRC OCD PVOCD 3220 6 _ _ _ _ _ 0000		*** Extension ***		
COMMODITY	ACCOUNTING		FUND ACCOUNTING	
Commodity Code: 841015010000 Line Type: Contract Amount: Service From: Service To:  <div>Reference</div> Comm. Ref. Code: CT Comm. Ref. Dept.: OCD Comm. Ref. ID SC OCD 3220 6640 _ _ _ _ _ 0000 Comm. Reference VL: Comm. Reference CL: Ref. Type Partial  <div>Invoice Information</div> Vendor Invoice # : Vendor Invoice Line : 2 Vendor Invoice Date:	Event Type: AP01		Fund: 0100	
	Budget FY: 2006		Sub Fund: 0000	
	Fiscal Year: 2006		Department: OCD	
	Period:		Unit: 3220	
	Line/Check Description:		Approp Unit #: 70043037	
			Object: P01	
	Line Amount		Detail Accounting	
	\$			Program: F43037
	Ref Acct. Line ____	Ref Type: Partial		Program Period: 2006
COMMODITY	ACCOUNTING		FUND ACCOUNTING	
Commodity Code: 841015010000 Line Type: Contract Amount: Service From: Service To:  <div>Reference</div> Comm. Ref. Code: CT Comm. Ref. Dept.: OCD Comm. Ref. ID SC OCD 3220 6640 _ _ _ _ _ 0000 Comm. Reference VL: Comm. Reference CL: Ref. Type Partial  <div>Invoice Information</div> Vendor Invoice # : Vendor Invoice Line : 3 Vendor Invoice Date:	Event Type: AP01		Fund: 0100	
	Budget FY: 2006		Sub Fund: 0000	
	Fiscal Year: 2006		Department: OCD	
	Period:		Unit: 3220	
	Line/Check Description:		Approp Unit #: 70043037	
			Object: P01	
	Line Amount		Detail Accounting	
	\$			Program: F43037
	Ref Acct. Line ____	Ref Type: Partial		Program Period: 2006